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Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: ☒ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Account #: 4388 5752 5302 2615

Credit Card Expiration Date: 03/06

Name as it Appears on Credit Card: Ramon L Pizarro

Payment Amount: \$(US Dollars): 210.00

Signature:

Date: 10 February 2004

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

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Credit Card Billing Address

Street Address 1: 1028 Bannock Street

Street Address 2:

City: Denver

State: Colorado

Zip/Postal Code: 80204

Country: U.S.A.

Daytime Phone #: 303-779-9551

Fax #: 303-689-9627

Request and Payment Information

Description of Request and Payment Information:

37 C.F.R. § 1.17(a)(2) for 10/032,676

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/032,676	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No.		Identify or Describe Mark	

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